

**FOR OFFICE USE ONLY**

The Commonwealth of Massachusetts  
 Department of Workforce Development  
 Division of Apprentice Training



P.O. Box 146759  
 19 Staniford Street, 1<sup>st</sup> Floor, Boston, MA 02114

Compliance Officer Number: \_\_\_\_\_

Sponsor Number: \_\_\_\_\_

APPRENTICE STATUS

DATE

Date Entered

Completed / Certificate

Suspended

Cancelled

Military Service

Deceased

Fee: \$35.00 for photo ID (please include one passport size photo)

Apprentice ID  
Number

### **APPRENTICE AGREEMENT**

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Training, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Training, WITNESSETH: that the Agreement is entered into by the undersigned:

(Name of Apprentice)

(Address of Apprentice)

(Name of Program Sponsor) (Employer, JAC, JATC, Assoc. of Employers or Org. of Employers.)

TRADE: \_\_\_\_\_ TERM OF APPRENTICESHIP \_\_\_\_\_ HOURS.

DATE APPRENTICESHIP BEGINS: \_\_\_\_\_ PROJECTED COMPLETION DATE: \_\_\_\_\_

CREDIT FOR PREVIOUS EXPERIENCE: \_\_\_\_\_ HOURS.

GRADUATED SCALE OF WAGES IN (PERCENTAGES TO BE PAID THE APPRENTICE. (PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES)

[On projects where there is a prevailing rate set by law, the rate of pay shall comply with the wage rate or percentages stated on the wage schedules issued by the Department of Labor, the Division of Occupational Safety]

PERIOD(s): \_\_\_\_\_

1 <sup>st</sup>	3 <sup>rd</sup>	5 <sup>th</sup>	7 <sup>th</sup>	9 <sup>th</sup>	11 <sup>th</sup>	13 <sup>th</sup>
2 <sup>nd</sup>	4 <sup>th</sup>	6 <sup>th</sup>	8 <sup>th</sup>	10 <sup>th</sup>	12 <sup>th</sup>	14 <sup>th</sup>

Minimum Journey person rate as of (Date) \_\_\_\_\_ is \$ \_\_\_\_\_ per hour

NUMBER OF HOURS PER DAY AND TOTAL NUMBERS OF HOURS PER WEEK TO BE WORKED BY THE APPRENTICE.

\_\_\_\_\_ hours per day \_\_\_\_\_ hours per week. Overtime Rate: \_\_\_\_\_

**The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement**

(Signature of Apprentice) / (PLEASE SIGN IN BLUE INK)

(Signature of Program Sponsor) / (PLEASE SIGN IN BLUE INK)

Address of Program Sponsor)

(Signature of Union JAC, JATC) / (PLEASE SIGN IN BLUE INK)

Approved by the Division of Apprentice Training : \_\_\_\_\_ Date: \_\_\_\_\_

The Program Sponsor and the Apprentice, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The apprentice program sponsor shall ensure that the apprentice receives a minimum of 150 hours per year of related instructions in all subjects related to the trade. Such instructions may be given in a classroom or through correspondence courses or other forms of self-study, but must be approved by the Deputy Director. The sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for such instruction. If however, the apprentice is to be responsible for all or any portion of such costs it must be specified below.

**COST TO BE INCURRED BY APPRENTICE:** [please check item(s) that apply]

**TUITION** ☐                      **BOOKS** ☐                      **TOOLS** ☐                      **NONE** ☐

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Training.

The Apprentice agrees to be diligent and faithful in learning the stated trade or craft including mandatory attendance in 150 hrs. of related instruction classes, for each year of Apprenticeship.

The first 1000 hours of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.

This agreement must be approved by and filed with the Division of Apprentice Training before the apprentice starts work and copies must be returned to sponsor.

The Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.

The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor, the Division of Occupational Safety, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor, the Division of Occupational Safety.

Completion of part or all of this last section of the Apprentice Agreement is **MANDATORY**. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY APPRENTICE (Please check, circle or fill in items as appropriate)									
<b>SS#</b> _____		<b>(Date of Birth)</b> _____		<b>(phone)</b> _____					
<b><u>SEX</u></b>		<b><u>ETHNIC GROUP</u></b>				<b><u>VETERAN</u></b>		<b><u>DISABLED</u></b>	
1 <input type="checkbox"/> Male		1 <input type="checkbox"/> White    2 <input type="checkbox"/> Black    3 <input type="checkbox"/> American Ind.or Alaskan Native				1. <input type="checkbox"/> Vietnam Era Veteran		<input type="checkbox"/> YES	
2 <input type="checkbox"/> Female		4 <input type="checkbox"/> Asian or Pacific Islander    5 <input type="checkbox"/> Hispanic    6 <input type="checkbox"/> Other				2. <input type="checkbox"/> Other Veteran		<input type="checkbox"/> NO	
						3. <input type="checkbox"/> Non Veteran			
Circle highest grade of school completed: 12    -    GED    -    COLLEGE: 13    14    15    16    17    18									
MCAS									

**AFFIDAVIT BY APPRENTICE APPLICANT**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of Massachusetts, County of \_\_\_\_\_

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the person referred to in the forgoing application; that the statements herein contained are true in every respect; and that he/she read and understands this affidavit.

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public) Signature

\_\_\_\_\_  
(Notary Public) Print Name

My Commission Expires: \_\_\_\_\_

**RETURN APPLICATION TO:**

**Division of Apprentice Training P.O. Box 146759, 19 Staniford Street, 1<sup>st</sup> Floor. Boston, MA 02114**